June 6, 2014

Montana Health Care Programs Notice

Physicians, Mid-Levels and Public Health Clinics

Effective July 1, 2014

Changes to Prior Approval Requirement for Makena (Code J1725)

On February 3, 2011, the United States Food and Drug Administration (FDA) approved the drug Makena (hydroxyprogesterone caproate) for the reduction of the risk of certain preterm births in women who have had at least one prior preterm birth.

In a provider notice dated May 24, 2011, and effective June 1, 2011, the Department outlined the prior approval requirement for Makena (J1725). Providers were instructed to submit a letter to the Department demonstrating the medical necessity of using Makena over the compounded 17-AHP product (J3490).

Effective July 1, 2014, the prior approval requirement for Makena is rescinded. Providers are no longer required to submit a letter to the Department demonstrating the medical necessity of using Makena over the compounded 17-AHP product.

Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at http://medicaidprovider.hhs.mt.gov.